

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

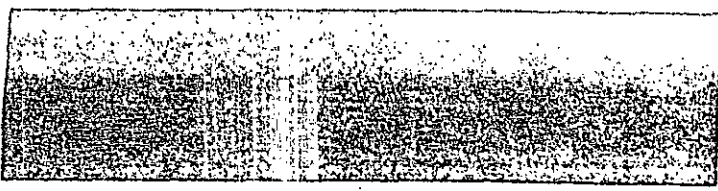
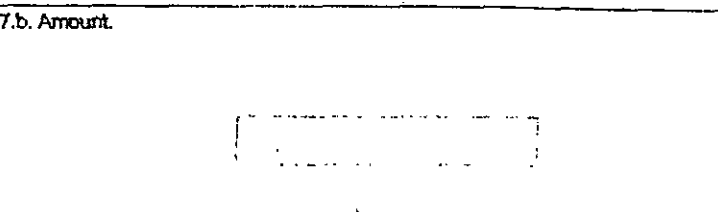
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AUG 19 2005

CENPRESIDENT

1. File Number U - <u>11746</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>John C. Tompson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>9902 E. 62nd Street</u> City <u>Raytown</u> State <u>Missouri</u> ZIP Code + 4 <u>64133</u>	4. Name, file number, and address of labor organization. Name <u>Painters District Council #3</u> Labor Organization File Number <u>002437</u> P.O. Box, Building and Room Number, if any _____ Street <u>9902 E. 62nd Street</u> City <u>Raytown</u> State <u>Missouri</u> ZIP Code + 4 <u>64133</u>
5. Position in labor organization. <u>Business Representative</u>	

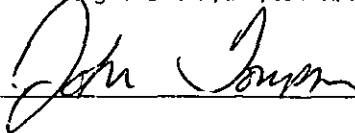
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Painters District Council #3</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>9902 E. 62nd Street</u> City <u>Raytown</u> State <u>Missouri</u> ZIP Code + 4 <u>64133</u>	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount. 

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/9/05
Date

816 3582440
Telephone Number

Name of Person Filing John C. Tompson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Arnold, Newbold, Winter & Jackson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 Grand, Ste. 1600

City Kansas City

State Missouri ZIP Code + 4 64106

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3 Pension, Health & Welfare & Apprenticeship Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City,

State Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

Funds Attorney

11.b. Approximate dollar value of such dealing.

150,000.00

12.a. Nature of interest held or income received.

NONE

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing John C. Tomson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wilson McShane

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri ZIP Code + 4 64111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3 Pension Health & Welfare, Apprenticeship Training Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

Funds Administrator

11.b. Approximate dollar value of such dealing. \$150,000.00

12.a. Nature of interest held or income received.

Cannister of Cashews

12.b. Amount.

\$24.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing John C. Tompson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name United Acturial Services, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11590 North Meridian St., Ste. 610

City Carmel

State Indiana ZIP Code + 4 46032

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3 Pension and Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

Funds Actuary

11.b. Approximate dollar value of such dealing. \$150,000.00

12.a. Nature of interest held or income received.

Lunch

12.b. Amount. \$15.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing John C. Tompson	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Segal Advisors</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1300 East 9th Street, Suite 1900</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44114</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Painters District Council #3 Pension Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>3100 Broadway, Ste. 805</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64111</u>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;">Fund Advisor</div> 11.b. Approximate dollar value of such dealing. <u>20,000.00</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;">Lunch</div> 12.b. Amount. <u>\$15.00</u>
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C. Received from any employer (other than an employer covered under parts A and B above), or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing

John C. Tompson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name District Council #3 Health & WelfareTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3100 Broadway, Ste. 805City Kansas CityState Missouri ZIP Code + 4 64111

9. Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3 Health & WelfareTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3100 Broadway, Ste. 805City Kansas CityState Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

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11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

John C. Tompson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.P.A.T. Joint Apprenticeship
Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Ave., NW

City Washington

State D.C.

ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9902 E. 62nd Street

City Raytown

State Missouri

ZIP Code + 4 64133

11.a. Nature of such dealing.

Business Representative of District Council
No. 3/Participant

11.b. Approximate dollar value of such dealing.

100,000.00

12.a. Nature of interest held or income received.

Lodging & Meals - IES	\$1,001.07
Graduation Banquet	\$ 43.49

12.b. Amount.

\$1,044.56

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

3.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.